

**EXHIBIT B**  
**SERVICE COMPONENT INFORMATION**

Service Component	Activities, Tasks And Procedures (Check all that apply)	Average Length of Session (Minutes)	Average Number of Sessions per Month	Service Provision Arrangements		
				On-Site By Applicant	Referral To Another Applicant Service	*Referral To Another Provider
<b>Counseling</b>	<input type="checkbox"/> Individual Counseling					
	<input type="checkbox"/> Group Counseling					
	<input type="checkbox"/> Peer Support Counseling					
	<input type="checkbox"/> Family Counseling					
	<input type="checkbox"/> Family Group Counseling					
	<input type="checkbox"/> Stress Management Counseling					
	<input type="checkbox"/> Relapse Prevention Counseling					
	<input type="checkbox"/> Aftercare Counseling					
<b>Vocational/ Educational</b>	<input type="checkbox"/> Vocational/Educational Assessment					
	<input type="checkbox"/> Individual Vocational/Educational Rehabilitation Counseling					
	<input type="checkbox"/> Group Vocational/Educational Rehabilitation Counseling					
	<input type="checkbox"/> Work Readiness and Employability Skills Training					
	<input type="checkbox"/> Life Skills Training					
	<input type="checkbox"/> English as a Second Language					
	<input type="checkbox"/> Basic Education					
	<input type="checkbox"/> Remedial Education					
	<input type="checkbox"/> GED/HS Education					
	<input type="checkbox"/> College Preparation					
	<input type="checkbox"/> Vocational/Educational Job Referral and Placement					
	<input type="checkbox"/> Vocational/Educational Job Follow-up and Support					
	<input type="checkbox"/> Occupational Therapy					
	<input type="checkbox"/> Substance Use Disorder Education					
<b>Health-Related</b>	<input type="checkbox"/> Acupuncture					
	<input type="checkbox"/> Detoxification					
	<input type="checkbox"/> Medical Examination					
	<input type="checkbox"/> Primary Medical Care					
	<input type="checkbox"/> Emergency Medical Care					
	<input type="checkbox"/> Nutritional Services					
	<input type="checkbox"/> Pre/Post Natal Care					
	<input type="checkbox"/> Pediatric Care					
	<input type="checkbox"/> HIV Antibody Testing					

**EXHIBIT B**

	Activities, Tasks And Procedures (Check all that apply)	Average Length of Session (Minutes)	Average Number of Sessions per Month	Service Provision Arrangements		
				On-Site By Applicant	Referral To Another Applicant Service	*Referral To Another Provider
<b>Service Component</b>	<input type="checkbox"/> Early HIV Primary Care					
	<input type="checkbox"/> HIV Case Management					
	<input type="checkbox"/> TB Testing					
	<input type="checkbox"/> STD Testing					
	<input type="checkbox"/> Health Counseling					
	<input type="checkbox"/> Medication Assisted Treatment					
	<input type="checkbox"/> Antabuse/Naltrexone					
	<input type="checkbox"/> Psychotropic Medication					
	<input type="checkbox"/> Other Medication (Not Methadone or Psychotropic Rx)					
	<input type="checkbox"/> Urine Sampling					
	<input type="checkbox"/> Blood Drawing (Other than HIV)					
	<input type="checkbox"/> Breathalyzer					
	<input type="checkbox"/> Other Specialized Health Related Service					
	<b>Legal/Criminal Justice</b>	<input type="checkbox"/> Legal Counseling				
<input type="checkbox"/> Legal Representation						
<input type="checkbox"/> Reports to Court, DTAP, TASC, Etc.						
<input type="checkbox"/> Reports to DMV's Drinking Driver Program						
<b>Social Services</b>	<input type="checkbox"/> Parent Training					
	<input type="checkbox"/> Activity Therapies					
	<input type="checkbox"/> Child Care					
	<input type="checkbox"/> Housing Assistance					
	<input type="checkbox"/> Recreation					
	<input type="checkbox"/> Entitlement Assistance					
	<input type="checkbox"/> Transportation					
<b>Mental Health</b>	<input type="checkbox"/> Individual Psychotherapy					
	<input type="checkbox"/> Group Psychotherapy					
	<input type="checkbox"/> Psychiatric Assessment					
	<input type="checkbox"/> Psychological Assessment					
	<input type="checkbox"/> Psychosocial Assessment					
	<input type="checkbox"/> Psychotropic Medication Management					
	<input type="checkbox"/> Psychiatric Crisis Intervention					
<b>Case Management</b>	<input type="checkbox"/> Formal Case Management					
	<input type="checkbox"/> Crisis Intervention					

\* ATTACH A COPY OF THE WRITTEN AGREEMENT BETWEEN THE APPLICANT AND THE OTHER PROVIDER.